

# Calender Year 2014 NH SHOP Marketplace (Exchange) Small Group Plans

Updated Feb 19, 2014

Plan ID/ Form Schedue #	96751NH0160001	96751NH0160002	96751NH0160003
Plan Name	Anthem Gold Guided Access Plus-groa	Anthem Silver Guided Access Plus-gfpa	Anthem Bronze Guided Access Plus-gjqa
Plan Variation Name	Standard Gold On Exchange Plan	Standard Silver On Exchange Plan	Standard Bronze On Exchange Plan
Metal Level	Gold	Silver	Bronze
Deductible- Individual/Family	Combined Medical & Drug: \$500/\$1,500	Medical: \$2,000/\$4,000 Drug: \$250/\$500	Combined Medical & Drug: \$5,000/\$10,000
Coinsurance	20%	30%	30%
Max Out of Pocket- Individual/Family <sup>*Note 1</sup>	Combined Medical & Drug: \$5,000/\$10,000	Combined Medical & Drug: \$6,350/\$12,700	Medical: \$6,350/\$12,700 Drug: \$6,350/\$12,700
Preventive Care	No Charge	No Charge	No Charge
PCP Visits (not wellness)	\$20 Copay first 3 visits; all other visits thereafter subject to ded. & coinsurance	\$35 Copay first 3 visits; all other visits thereafter subject to ded. & coinsurance	\$35 Copay first 3 visits; all other visits thereafter subject to ded. & coinsurance
Specialist Visits	\$20 Copay first 3 visits; all other visits thereafter subject to ded. & coinsurance	\$35 Copay first 3 visits; all other visits thereafter subject to ded. & coinsurance	\$35 Copay first 3 visits; all other visits thereafter subject to ded. & coinsurance
Urgent Care	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance
Outpatient Facility/Surgical Center	Subject to ded. & coinsurance	Subject to ded. & coinsurance	\$250 Copay then subject to ded. & coinsurance
Emergency Room	Subject to ded. & coinsurance	Subject to ded. & coinsurance	\$250 Copay then subject to ded. & coinsurance
Inpatient Hospital Services	Subject to ded. & coinsurance	Subject to ded. & coinsurance	\$500 Copay then subject to ded. & coinsurance
Retail Pharmacy (Tiers 1-3) <sup>*Note 2</sup>	Tier 1: \$15 Copay Tier 2: \$35 Copay Tiers 3: \$70 or 30% coinsurance, whichever is greater per prescription, up to a maximum of \$500 in coinsurance per a 30 day supply	Tier 1: \$15 Copay Tier 2: \$250/\$500 Rx ded, then \$35 Copay Tiers 3: \$250/\$500 Rx ded then, \$70 or 30% coinsurance, whichever is greater, per prescription, up to a maximum of \$500 in coinsurance per a 30-day supply (Rx deductible is separate and does not apply toward any other deductible)	Tier 1: \$15 Copay Tier 2: \$35 Copay Tier 3: \$70 or 30% coinsurance, whichever is greater, per prescription, up to a maximum of \$500 in coinsurance per 30-day supply (\$6,350/\$12,700 out of pocket max per member; Rx out of pocket max is separate and does not apply toward any other out of pocket max)
Durable Medical Equipment	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance
Chiropractic	\$20 Copay for first 3 visits; then subject to ded. & coinsurance (12 visits max)	\$35 Copay for first 3 visits; then subject to ded. & coinsurance (12 visits max)	\$35 Copay for first 3 visits; then subject to ded. & coinsurance (12 visits max)
Physical Therapy (in office)	\$20 Copay for first 3 visits; then subject to ded. & coinsurance (20 visits max)	\$35 Copay for first 3 visits; then subject to ded. & coinsurance (20 visits max)	\$35 Copay for first 3 visits; then subject to ded. & coinsurance (20 visits max)
Pediatric Dental Benefits	No	No	No

<sup>\*Note 1</sup> Max Out of Pocket - Individual/Family: All copays, deductibles and coinsurances are applied towards the Max Out of Pocket limits

<sup>\*Note 2</sup> Retail Pharmacy Tiers - Tier 1 = Typically Generic drugs; Tier 2 = Typically Preferred/Formulary; Tier 3 = Typically Non-Preferred/Non-Formulary and Specialty Drugs. Anthem assigns Drugs to tiers based on clinical findings from the Pharmacy and Therapeutics (P&T) Process. Anthem may cover one form of administration instead of another, or put other forms of administration in a different tier. Review Formulary list before purchasing prescription drugs.

<sup>\*Note 3</sup> Office visit copayment applies to the first three office visits processed under the plan each year. Office visits can be any combination of services (PCP, Specialist, Therapy Services, etc.) Preventive visits, however, are covered in full all year.

<sup>\*Note 4</sup> SHOP plans are GuidedAccess Plans with a PCP gatekeeper. These plans work like a traditional HMO product.

<sup>\*Note 5</sup> This is just a brief summary of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal contract of coverage before receiving services. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.